



**ARKANSAS
DEPARTMENT OF
FINANCE AND
ADMINISTRATION**

ARKANSAS TOBACCO TAX REPORTING FORM

Class Code 5311

(Business Name) **Permit No.** _____

(Mailing Address) (City, State, and Zip Code) **(Reporting Period)**

(Physical Address) (City, State, and Zip Code)

-NOTICE-
Tobacco Excise Tax Reports are due
on or before the 15th of the Month.

(E-Mail Address) (Phone No.) (Contact Person)

The following report and information is required and submitted in compliance with Arkansas Codes § 26-57-208, 26-57-803, 26-57-1102, 26-18-101 et. Seq. and Act 38 of 2003 Extraordinary Session.

TAXABLE SALES:

1. Total Manufacturers Cost of Products Sold..... \$ _____
2. Less: Cost of Returns to Manufacturers (only those products for which tax has been previously paid)..... \$ _____
3. Less: Cost of those Products Sold Through Interstate Sales..... \$ _____
4. Less: Cost of those Products Sold to Federal Institutions \$ _____
5. Less: Other Cost of Products Sold That Should Not Be Subjected to Tax \$ _____

6. NET COSTS OF TAXABLE SALES \$ _____

7. ARKANSAS TOBACCO TAX RATE (effective June 1, 2003) **X .32**

8. Total Amount of Arkansas Tobacco Tax Due \$ _____

9. Less: Two Percent (2%) of Total Amount of Arkansas Tobacco Tax Due \$ _____
(This wholesale discount is not to be taken unless this report & tax due is mailed by the 15th of the month)
(To compute the two percent (2%) discount multiply line eight (8) by .02 and enter on line (9))

10. Total Amount of Tobacco Tax due less Allowable Discount \$ _____

11. Penalty due (Months Late _____ X .05 X line eight (8) (Not to exceed thirty-five percent (35%)) \$ _____

12. Interest due (Months Late _____ X .00833 X line (8)) \$ _____

TOTAL AMOUNT DUE \$ _____

Mail with remittance to:

REVENUE DIVISION

Miscellaneous Tax

P. O. Box 896 - Room 2340
Joel Y. Ledbetter Building
Little Rock, Arkansas 72203-0896
Phone: 501-682-7187
FAX: 501-682-1103
<http://www.state.ar.us/dfa>

I declare under penalties prescribed by the Arkansas Tobacco Tax Laws and the Arkansas Tax Procedures Act that this document, along with any supporting schedules, are true, correct and complete.

(signature)

(date)

Check No. _____

Check Date: _____